



Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ♦ Lincoln, NE 68510-1514
Phone: 402-441-8030

Permit No. _____

Request for Site Clearance and Permit or Repair of Individual Water Well

The undersigned hereby requests:

- ☐ Site Clearance and Permit to construct a new individual water well
☐ Permit to repair or alter existing well involving opening of well

1. Well Site Address _____ City _____, NE Zip _____
(No Rural Route Please)
Township _____ Range _____ Section _____ 1/4 Section _____
Block _____ Lot _____ Addition _____
Parcel ID _____ - _____ - _____ (i.e. 99-99-999-999-999)

2. Well use: ☐ Potable ☐ Non-Potable Describe _____

3. Connection to Public Water Supply ☐ Yes ☐ No

Signature of Owner _____ **Print Name** _____
Current Address _____
Current Home Phone _____ Work Phone _____

Signature of Applicant _____ **Print Name** _____
Address _____
Home Phone _____ Work Phone _____ Cellular Phone _____

Water Well Contractor: _____

Sewage Permit Applied for: ☐ Yes ☐ No ☐ Not applicable

PLEASE CONTACT LLCHD FOR THE PERMIT FEE FOR THIS APPLICATION

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits

Date: ____/____/____ By _____
Date: ____/____/____ By _____
Date: ____/____/____ By _____

Nitrate Level _____ mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory ____ Yes ____ No
Other _____

Installation Final Written Approval

Date: ____/____/____ By _____

Business Office Use Only

Received: Date: ____/____/____ Amount _____ Check No. _____ Initials _____